

Name  
in  
Full

Unnamed Infant

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                        |                        |         |          |        |  |
|--|--|------------------------|------------------------|---------|----------|--------|--|
| Died at <u>Washington</u>                                      |  | Town                   | County <u>7 toward</u> |         | MARYLAND |        |  |
| Date of death 1906   | Month 4                                | Day 11                 | Age -                  | Years - | Months - | Days 2 |  |
| Sex Female   | Color or Race white                    | Birth-place <u>md.</u> |                        |         |          |        |  |
| Married, Single or Widowed <input checked="" type="checkbox"/> | Occupation                             |                        |                        |         |          |        |  |
| Name of Wife or Husband <input checked="" type="checkbox"/>    |  |                        |                        |         |          |        |  |
| Father's Name <u>James T. Bolton</u>                           | Father's Birthplace <u>md.</u>         |                        |                        |         |          |        |  |
| Mother's Maiden Name <u>Lizzie Johnson</u>                     | Mother's Birthplace <u>md.</u>         |                        |                        |         |          |        |  |
| Name of person giving information <u>James Bolton</u>          | How related to deceased <u>Brother</u> |                        |                        |         |          |        |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Congenital heart disease How long

Immediate  How long

Are the name, age, sex, color, date and place correctly given above?

yes

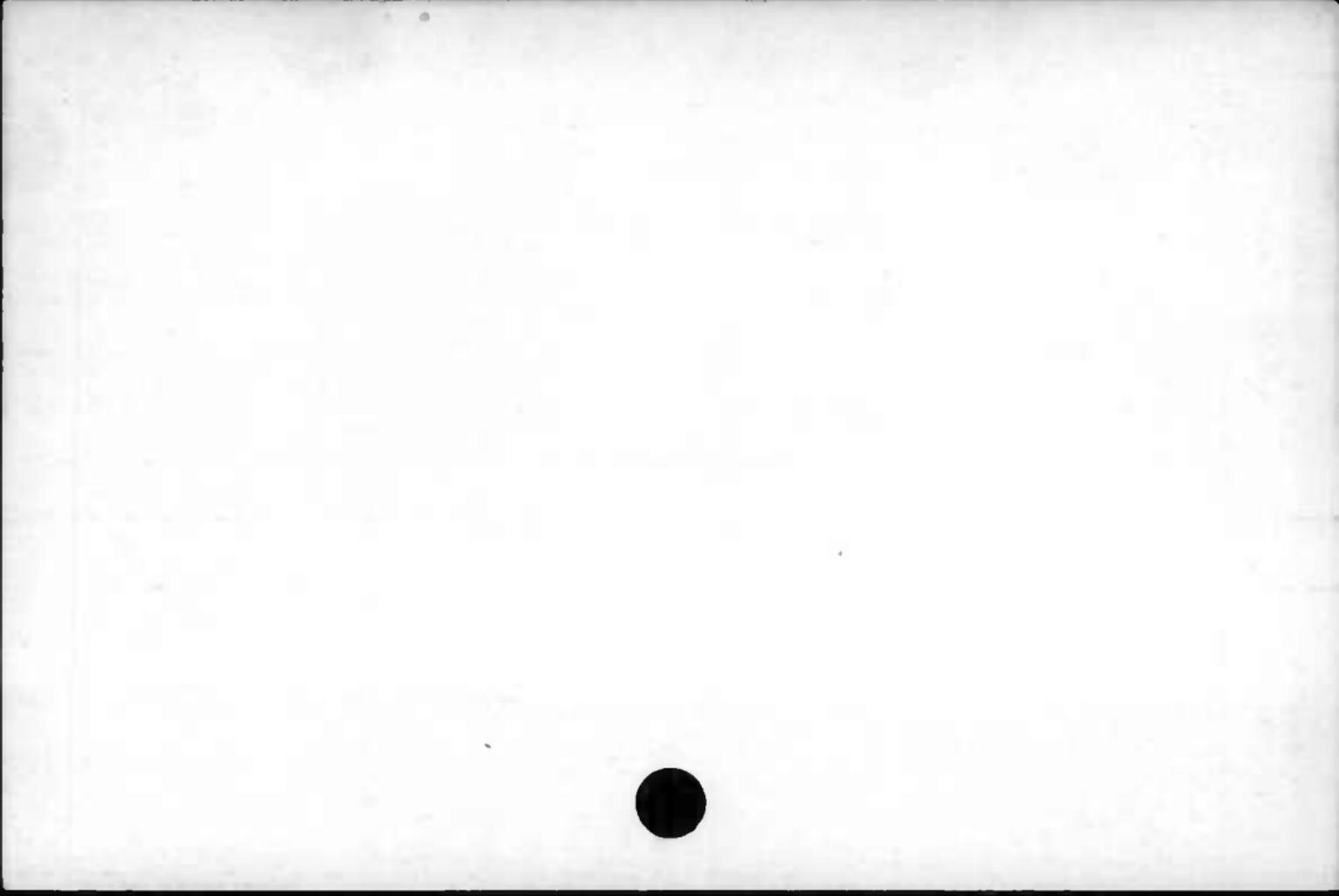
Signature of Physician

P. D. Lansdale

Address

Damascus Md

Accident or Suicide?



Name  
in  
Full

Mrs. Stollie Chassaigne

## CERTIFICATE OF DEATH

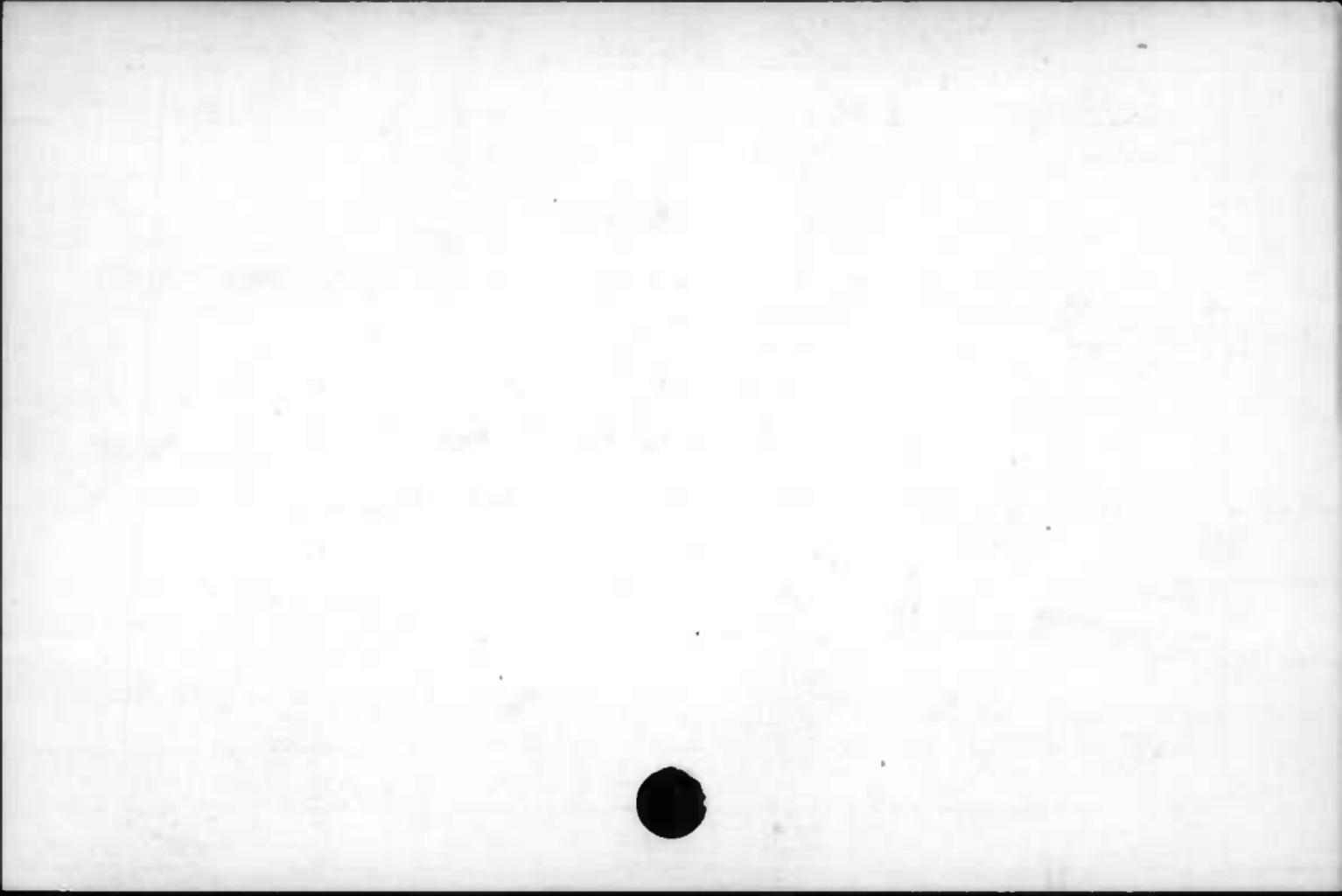
TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |                   |                            |  |                 |        |
|--------------------------------------|-------------------|----------------------------|--|-----------------|--------|
| Died at                              |                   | Town<br>Fairview           | County<br>Howard                           | MARYLAND        |        |
| Date<br>of death                     | Month             | Day                        | Years                                      | Months          | Days   |
| 1906                                 | 4                 | 4                          | 62   |                 |        |
| Sex                                  | female            | Color or<br>Race           | white                                      | Birth-<br>place | France |
| Occupation                           | House keeper      |                            | Where Residing if not<br>at place of death | Fairview        |        |
| Married, Single<br>or Widowed        | Never             | Name of Wife or<br>Husband | Eli Chassaigne                             |                 |        |
| Father's<br>Name                     | John Chort        |                            | Father's<br>Birthplace                     | France          |        |
| Mother's<br>Maiden Name              | Augustine Biraian |                            | Mother's<br>Birthplace                     | France          |        |
| Name of person giving<br>Information | Louis Chassaigne  |                            | How related<br>to deceased                 | France          |        |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |            |                           |                     |             |
|---|------------|---------------------------|---------------------|-------------|
| Primary   | Hepatitis  | (114)                     | How long            | 2 weeks     |
| Immediate   | Exhaustion |                           | How long            | Progressive |
| Are the name, age, sex, color, date<br>and place correctly given above? |            | Signature of<br>Physician | W. H. Thompson M.D. |             |
| You   |            | Address                   | Savage MD           |             |
| Accident or Suicide?  |            |                           |                     |             |



Name  
in  
Full

Samuel Clark

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

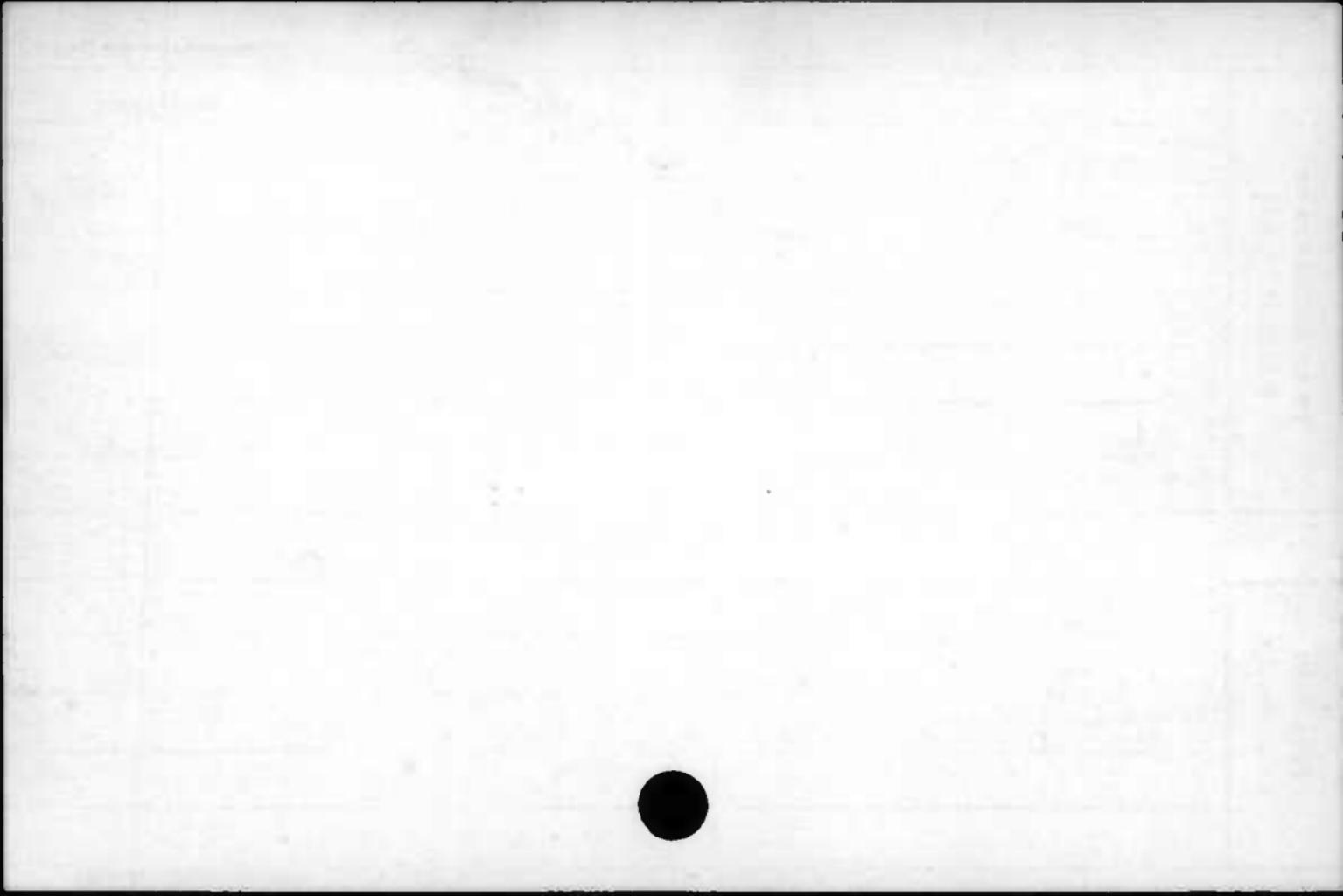
|  |                                     |  |                                      |                              |                 |      |
|--|-------------------------------------|--|--------------------------------------|------------------------------|-----------------|------|
| Died at <u>near Scaggsville</u>                    |                                     | Town   | County <u>Hanad</u>                  |                              | MARYLAND        |      |
| Date of death <u>1906</u>                          | Month <u>April</u>                  | Day <u>12</u>  | Years <u>26</u>                      | Age <u>26</u>                | Months <u>8</u> | Days |
| Sex <u>Male</u>                                    | Color or Race <u>Black</u>          | Where Residing if not at place of death <u>Scaggsville</u> |                                      | Birth-place <u>Howard Co</u> |                 |      |
| Occupation <u>Saturn</u>                           |                                     |  |                                      |                              |                 |      |
| Married, Single <u>Single</u>                      | Name of Wife or Husband <u>None</u> |  |                                      |                              |                 |      |
| Father's Name <u>Samuel Clark</u>                  |                                     |  | Father's Birthplace <u>Howard Co</u> |                              |                 |      |
| Mother's Maiden Name <u>Anna Clark</u>             |                                     |  | Mother's Birthplace <u>Howard Co</u> |                              |                 |      |
| Name of person giving information <u>Geo Clark</u> |                                     |  | How related to deceased <u>Bro</u>   |                              |                 |      |

CAUSES OF DEATH

|  |  |
|--|--|
| Primary <u>lobular Pneumonia</u>                                     | How long <u>8 days</u>                     |
| Immediate  | How long                                   |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>J. J. Murphy</u> |
|  | Address <u>Sioux Md</u>                    |
| Accident or Suicide?   |  |

PHYSICIAN  
OR CORONER





Name  
in  
Full

Mary R. Clough

CERTIFICATE OF DEATH

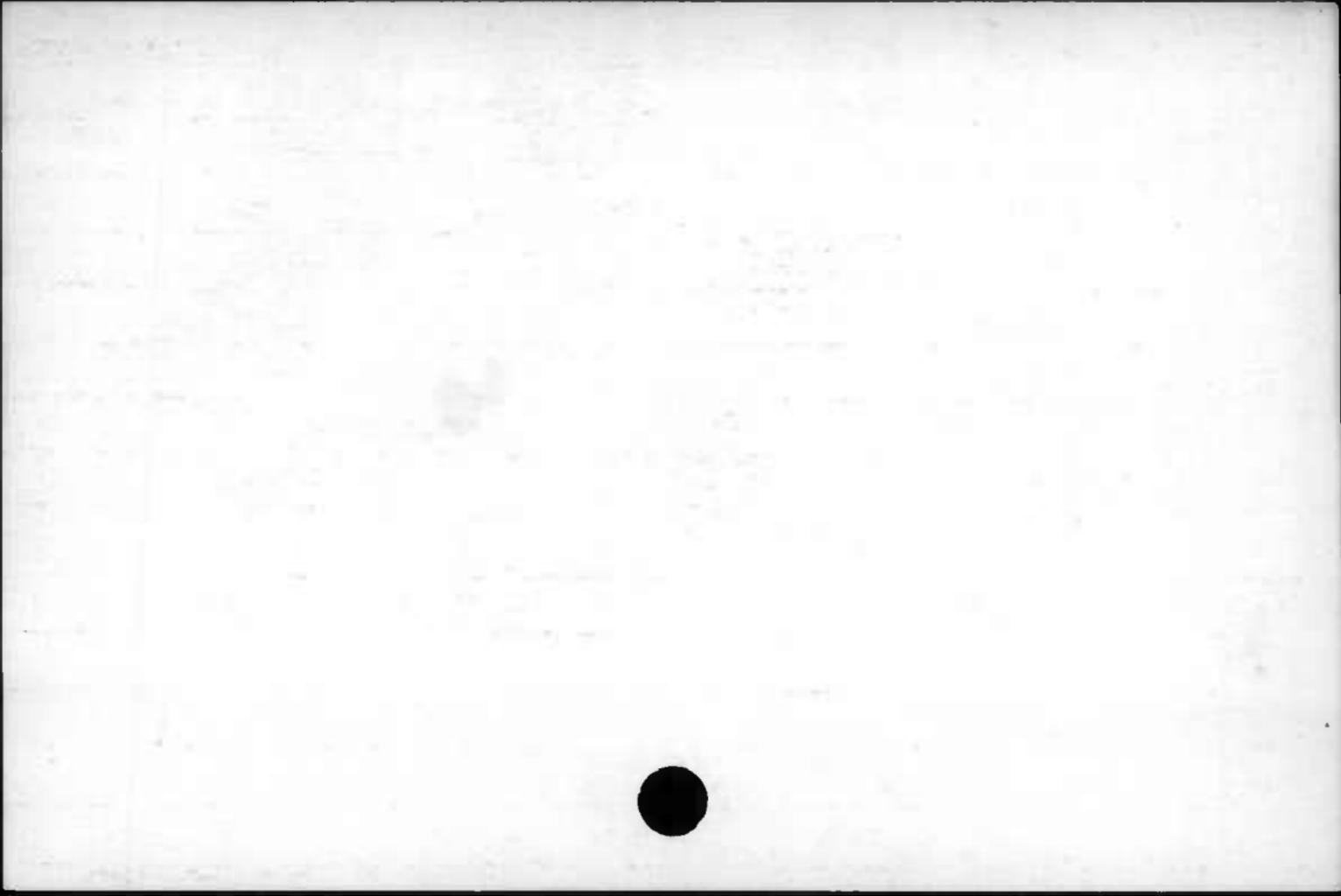
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                             |                 |                 |                 |               |
|--|--|-----------------------------|-----------------|-----------------|-----------------|---------------|
| Died at <b>Alberton</b>                                  |  | Town <b>Howard</b> County   |                 | <b>MARYLAND</b> |                 |               |
| Date of death <b>1906</b>                                | Month <b>April</b>                               | Day <b>2<sup>d</sup></b>    | Years <b>38</b> | Age <b>38</b>   | Months <b>—</b> | Days <b>—</b> |
| Sex <b>Female</b>  | Color or Race <b>white</b>                       | Birth-place <b>Maryland</b> |                 |                 |                 |               |
| Occupation <b>House wife</b>                             | Where Residing if not at place of death          |                             |                 |                 |                 |               |
| Married, Single or Widowed <b>married</b>                | Name of Wife or Husband <b>William H. Clough</b> |                             |                 |                 |                 |               |
| Father's Name  | Father's Birthplace                              |                             |                 |                 |                 |               |
| Mother's Maiden Name                                     | Mother's Birthplace                              |                             |                 |                 |                 |               |
| Name of person giving information <b>Frank O. Miller</b> | How related to deceased <b>not related</b>       |                             |                 |                 |                 |               |

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

|  |   |
|--|---|
| Primary <b>Suicide by Poison</b>   | How long <b>55</b> <b>four days</b>                                     |
| Immediate <b>Heart failure</b>   | How long <b>—</b>   |
| Are the name, age, sex, color, date and place correctly given above?<br><b>yes</b> | Signature of Physician <b>Bernard H. Wallenbord, acting<br/>Coroner</b> |
|  | Address <b>Ellicott City,<br/>Maryland</b>                              |
| Accident or Suicide? <b>Suicide</b>  |   |



Name  
in  
Full

Wm H. Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |               |                         |           |   |          |  |
|-----------------------------------|---------------|-------------------------|-----------|---|----------|--|
| Died at                           | Town          |                         | County    |   | MARYLAND |  |
|                                   | Savage        |                         | Howard    |   |          |  |
| Date of death                     | Month         | Day                     | Years     | Months                                  | Days     |  |
| 1906                              | 4             | 25                      | 39        | 8                                       | 10       |  |
| Sex                               | man           | Color or Race           | white     | Birth-place                             | Md       |  |
| Occupation                        | Merchant      |                         |           | Where Residing if not at place of death | Savage   |  |
| Married, Single or Widowed        | Married       | Name of Wife or Husband | Maud Cole |   |          |  |
| Father's Name                     | Benj. F. Cole |                         |           | Father's Birthplace                     | Md       |  |
| Mother's Maiden Name              | Susan Lucas   |                         |           | Mother's Birthplace                     | Md       |  |
| Name of person giving information | Benj. F. Cole |                         |           | How related to deceased                 | father   |  |

CAUSES OF DEATH

Primary

Gastritis

104

How long

6 days

Immediate

Heart Failure

How long

sudden

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

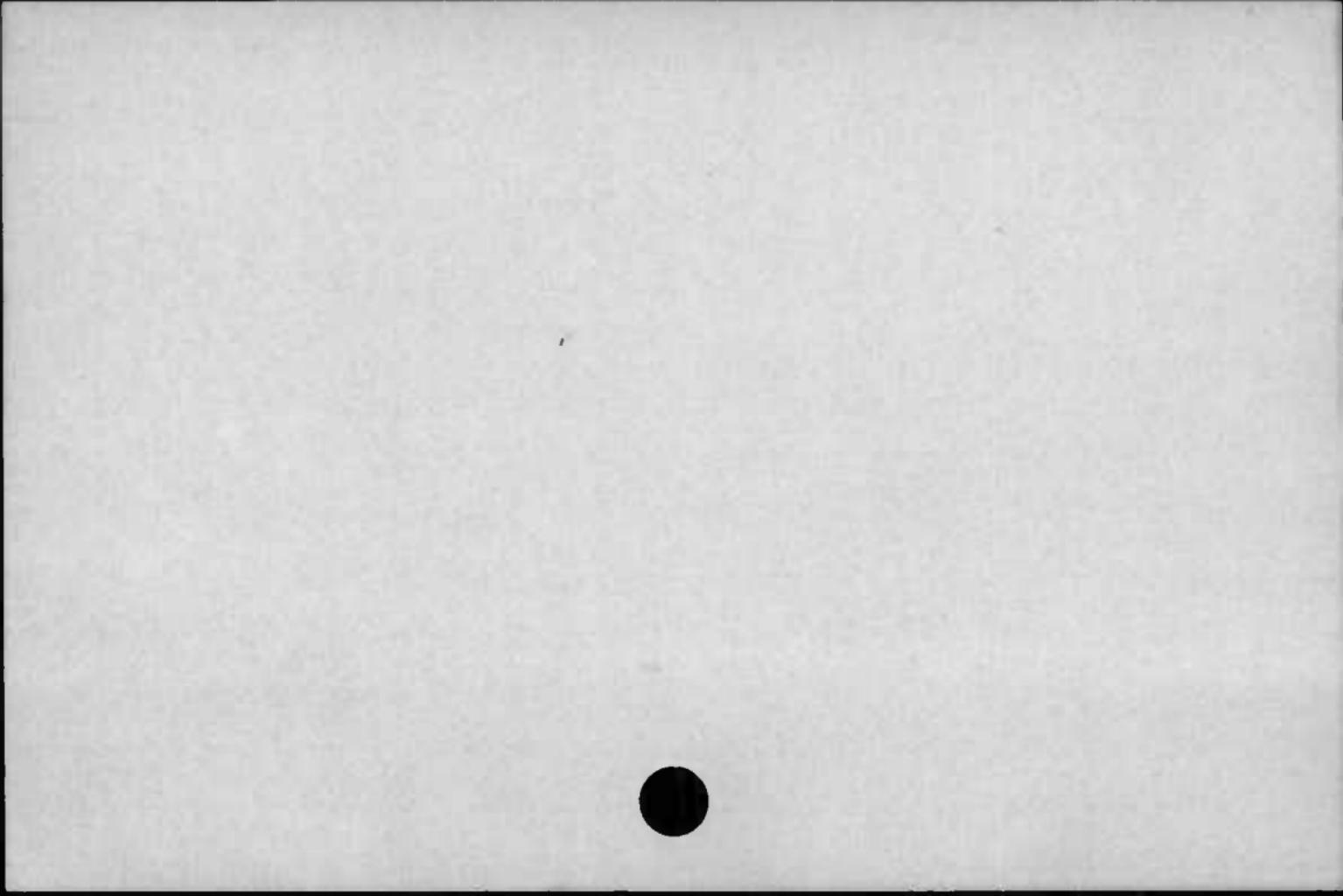
Signature of Physician

Address

William H. D.  
Savage

Accident or Suicide?

Within



Name  
In  
Full

John Slanbner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                            |                            |                                  |          |             |           |
|---|----------------------------|----------------------------|----------------------------------|----------|-------------|-----------|
| Died at                                 | Town<br>Glocester          | County                     |                                  | MARYLAND |             |           |
| Date<br>of death 190                    | Month<br>April             | Day<br>22                  | Age<br>93                        | Years    | Months<br>3 | Days<br>4 |
| Sex<br>Male                             | Color or<br>Race<br>White  | Birth-<br>place<br>Germany | Occupation<br>Brother in College |          |             |           |
| Married, Single<br>or Widowed<br>Single |                            |                            |                                  |          |             |           |
| Name of Wife or<br>Husband              |                            |                            |                                  |          |             |           |
| Father's<br>Name                        | Father's<br>Birthplace     |                            |                                  |          |             |           |
| Mother's<br>Maiden Name                 | Mother's<br>Birthplace     |                            |                                  |          |             |           |
| Name of person giving<br>Information    | How related<br>to deceased |                            |                                  |          |             |           |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Old age

154

How long

3 years

Immediate

Flexibility

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

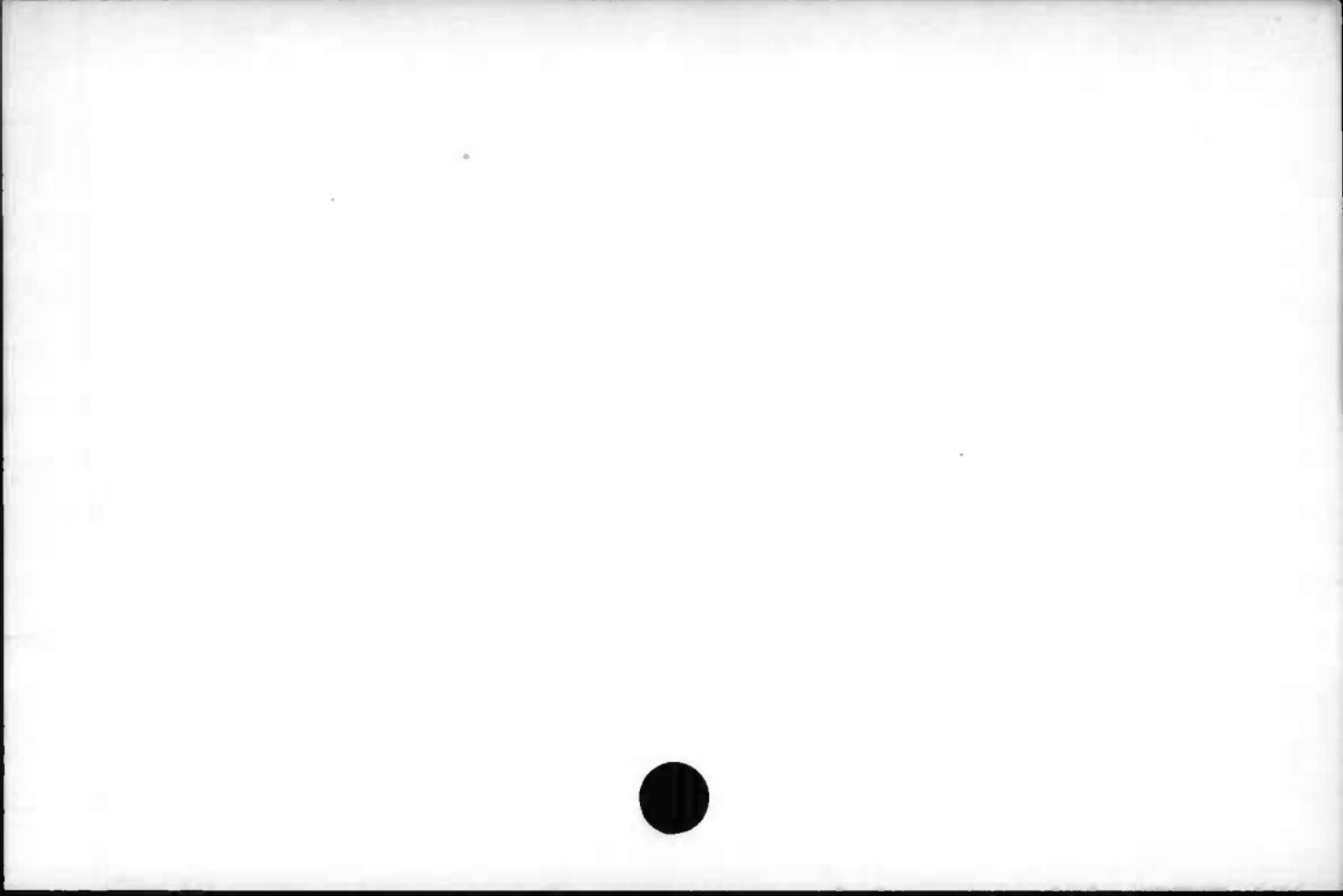
Yes

Signature of  
Physician

Address

Thur. B. Livings  
Elliott City

Accident or Suicide?



William Fields

## CERTIFICATE OF DEATH

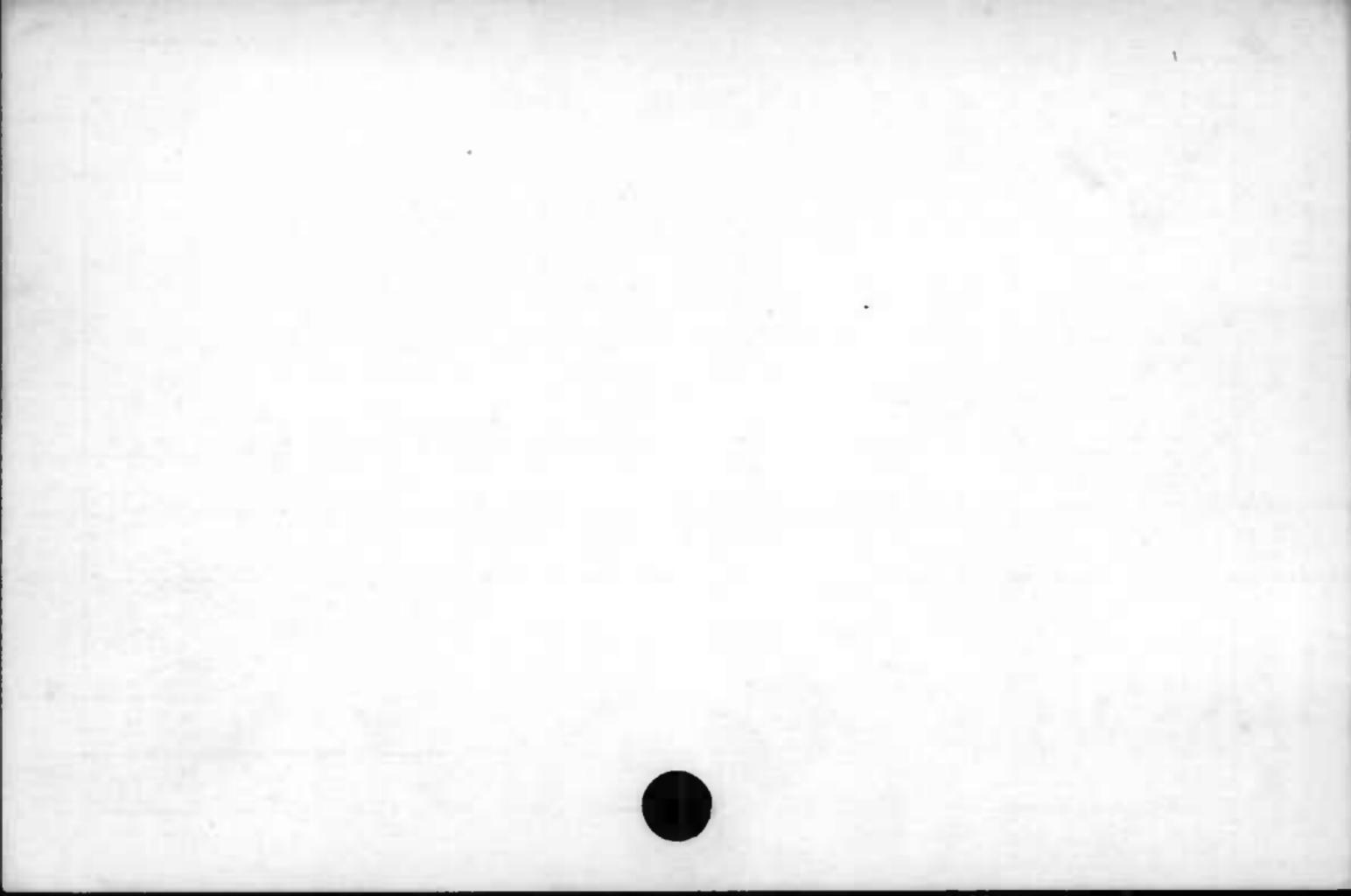
TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |   |       |                       |                |
|---|---|---|-------|-----------------------|----------------|
| Died at <u>Colesville</u>                               |   | Town <u>Colesville</u> County <u>Howard</u> |       | MARYLAND              |                |
| Date of death <u>1906</u>                               | Month <u>Apr.</u>                       | Day <u>8</u>                                | Years | Months <u>2</u>       | Days <u>14</u> |
| Sex <u>Male</u>   | Color or Race <u>Black</u>              |   |       | Birth-place <u>Md</u> |                |
| Occupation <u>Infant.</u>                               | Where Residing if not at place of death |   |       |                       |                |
| Married, Single or Widowed                              | Name of Wife or Husband                 |   |       |                       |                |
| Father's Name <u>Samuel Fields</u>                      | Father's Birthplace <u>Md</u>           |   |       |                       |                |
| Mother's Maiden Name <u>Henretta Hebron</u>             | Mother's Birthplace <u>Md</u>           |   |       |                       |                |
| Name of person giving Information <u>Richard Gibson</u> | How related to deceased                 |   |       |                       | <u>none</u>    |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |                             |
|--|--|-----------------------------|
| Primary <u>Bronchitis</u>  | <u>93</u>                                    | How long <u>3 weeks.</u>    |
| Immediate <u>Pneumonia</u>   |  | How long <u>8 days.</u>     |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician<br><i>J. R. Smith</i> | Address<br><i>Laurel Md</i> |
| Yes.   |  |                             |
| Accident or Suicide? <u>No</u>                                       |  |                             |



Name  
in  
Full

John H. Hall

CERTIFICATE OF DEATH

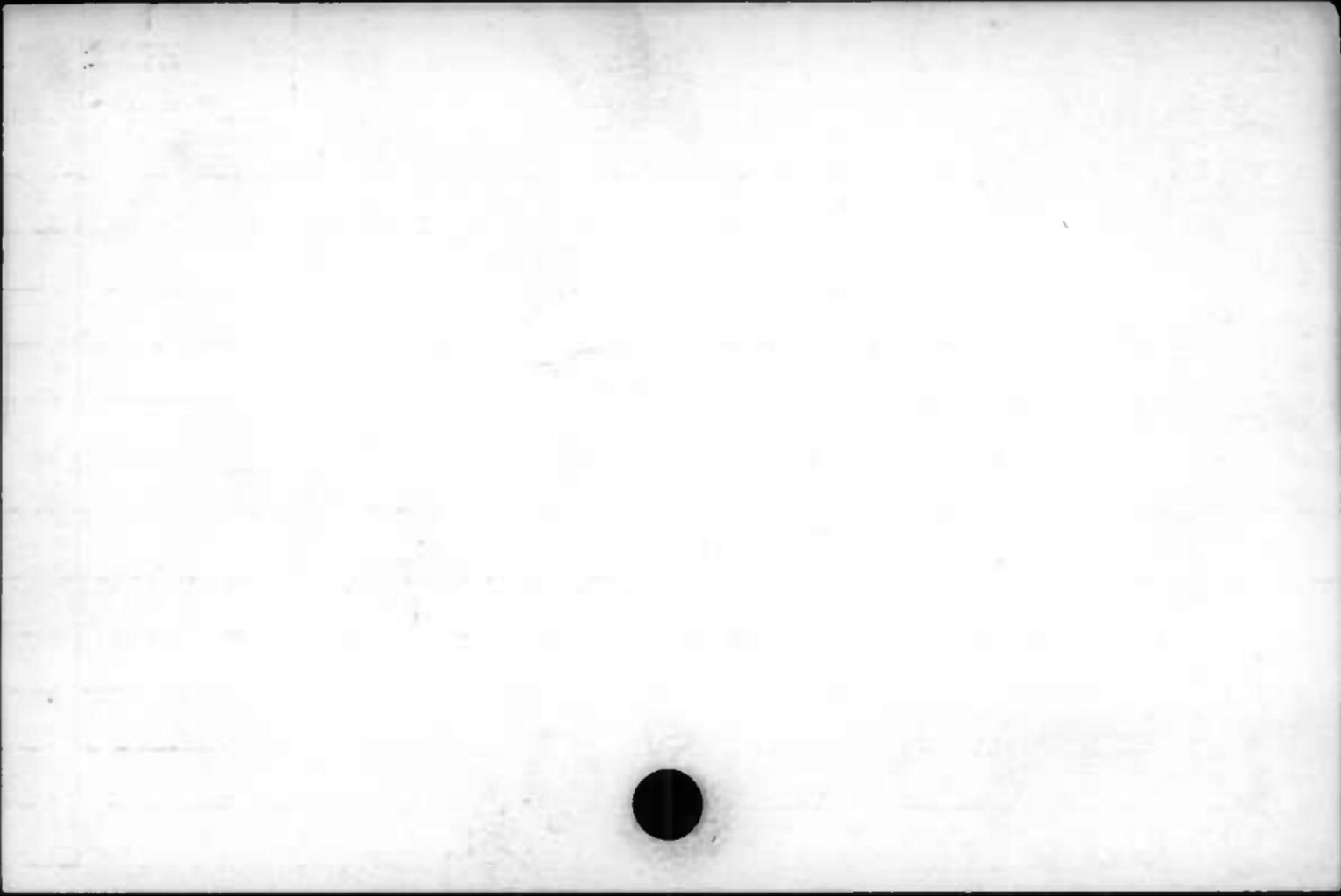
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                |               |          |             |      |
|-----------------------------------|----------------|---------------|----------|-------------|------|
| Died at                           | Town           | County        | MARYLAND |             |      |
| Died at                           | Ellicott City  | Howard        |          |             |      |
| Date of death                     | Month          | Day           | Years    | Months      | Days |
| 1906                              | Apr.           | 6             | 60       |             |      |
| Sex                               | Male           | Color or Race | (Ccol)   | Birth-place | Md   |
| Occupation                        | Coachman       |               |          |             |      |
| Married, Single or Widowed        | Married        |               |          |             |      |
| Name of Wife or Husband           | Mary Hall      |               |          |             |      |
| Father's Name                     |                |               |          |             |      |
| Mother's Maiden Name              | Dinah E. Boone |               |          |             |      |
| Name of person giving Information | Mary Hall (4)  |               |          |             |      |
| Mother's Birthplace               |                |               |          |             |      |
| Wife                              |                |               |          |             |      |
| How related to deceased           |                |               |          |             |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                           |  |
|--|---------------------------|--|
| Primary  | Inflammatory Rheumatism   | How long                                 |
| Immediate  | valvular Disease of Heart | How long                                 |
| Are the name, age, sex, color, date and place correctly given above? |                           | Signature of Physician                   |
| Yes.   |                           | Address                                  |
| Accident or Suicide?   |                           | John F. Manger M.D.<br>1002 Edmonson Ave |



Name  
in  
Full

Oiver Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Eli oak

Town

County

Howard Co

MARYLAND

Date  
of death

1906

Month

April

Day

18<sup>th</sup>

Years

16

Months

6

Days

3

Sex Male

Color or  
Race

colored

Birth-  
place

Carroll Co Md

Married, Single  
or Widowed

Occupation

Labourer on farm

Name of Wife or  
Husband

Father's  
Name

Wm H. Johnson

Father's  
Birthplace

Carroll Co Md

Mother's  
Maiden Name

Louisa Giles

Mother's  
Birthplace

Howard Co Md

Name of person giving  
Information

Wm H. Johnson

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

over 1 yr

Immediate

Haemorrhage

How long

10 minutes

Are the name, age, sex, color, date  
and place correctly given above?

yes

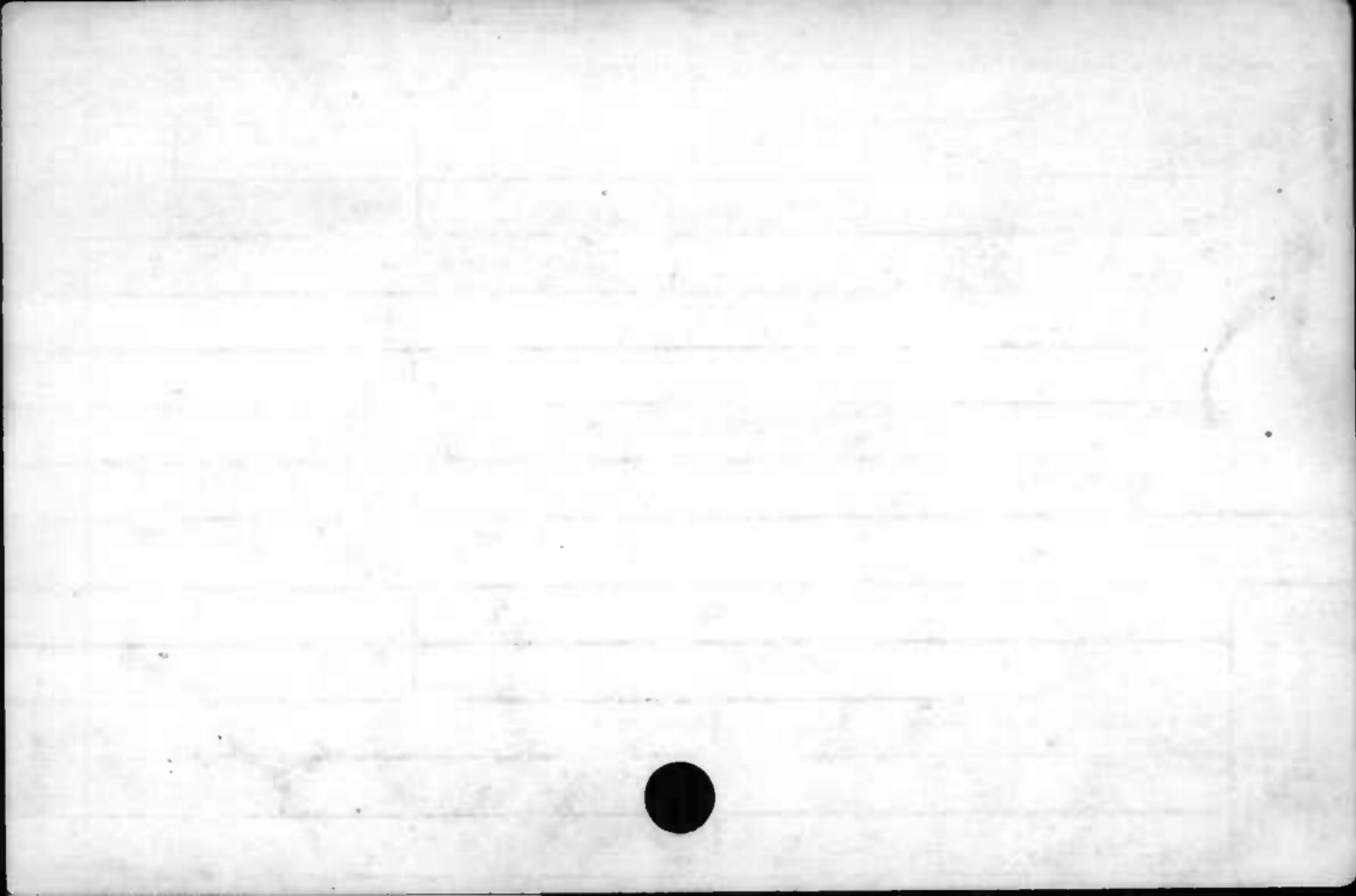
Signature of  
Physician

Address

Bry. F. Shipley M.D.  
alpha  
Howard Co Md

Accepted - C. D. L. 2

PHYSICIAN  
OR CORONER



Town

County

Died at

MARYLAND

| Date   | Month   | Day | Y.      | M. | D. | Native of | Occupation                |
|--------|---------|-----|---------|----|----|-----------|---------------------------|
| 1896   | June    | 17  | 21      | -  | -  | Md        | Laborer                   |
| Male   | White   |     | Married |    |    | Widow     | Divorced                  |
| Female | Colored |     | Single  |    |    | Widower   | Number of children living |

Husband of

Wife

Father's

Name

Mother's Name

Cause of

Primary

Death

Immediate

How long sick

one month

Reported by

Address

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Lovufort Kennedy

## CERTIFICATE OF DEATH

|   |   |                                |                      |          |      |  |
|---|---|--------------------------------|----------------------|----------|------|--|
| Died at <u>Near Laurel</u>              |   | Town <u>Laurel</u>             | County <u>Howard</u> | MARYLAND |      |  |
| Date of death <u>1906</u>               | Month <u>April</u>                      | Day <u>6</u>                   | Years <u>85</u>      | Months   | Days |  |
| Sex <u>Female</u>                       | Color or Race <u>white</u>              | Birth-place <u>Near Laurel</u> |                      |          |      |  |
| Occupation <u>Housewife</u>             | Where Residing if not at place of death |                                |                      |          |      |  |
| Married, Single or Widowed <u>Widow</u> | Name of Wife or Husband                 |                                |                      |          |      |  |
| Father's Name                           | Father's Birthplace                     |                                |                      |          |      |  |
| Mother's Maiden Name                    | Mother's Birthplace                     |                                |                      |          |      |  |
| Name of person giving information       | How related to deceased                 |                                |                      |          |      |  |

(H)

## CAUSES OF DEATH

|                                    |                          |
|------------------------------------|--------------------------|
| Primary <u>Cerebral Hemorrhage</u> | How long <u>Suddenly</u> |
| Immediate                          | How long                 |

|  |                        |
|--|------------------------|
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
|--|------------------------|

|            |         |
|------------|---------|
| <u>yes</u> | Address |
|------------|---------|

|                      |
|----------------------|
| Accident or Suicide? |
|----------------------|



James David T. Liddy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

|   |   |               |                     |                 |                 |               |
|---|---|---------------|---------------------|-----------------|-----------------|---------------|
| Died at <u>Hesher</u>                                 |   | Town          | Count <u>Howard</u> |                 | MARYLAND        |               |
| Date of death <u>1906 April</u>                       | Month                                     | Day <u>11</u> | Age <u>23</u>       | Years <u>23</u> | Months <u>—</u> | Days <u>—</u> |
| Sex <u>Male</u>                                       | Color or Race <u>White</u>                | Birthplace    |                     |                 |                 |               |
| Occupation <u>Student</u>                             | Where Residing if not at place of death   |               |                     |                 |                 |               |
| Married, Single or Widowed <u>Single</u>              | Name of Wife or Husband                   |               |                     |                 |                 |               |
| Father's Name <u>Patrick T. Liddy</u>                 | Father's Birthplace <u>New York</u>       |               |                     |                 |                 |               |
| Mother's Maiden Name <u>Ann Curran</u>                | Mother's Birthplace <u>Ireland</u>        |               |                     |                 |                 |               |
| Name of person giving Information <u>W. B. Orings</u> | How related to deceased <u>not at all</u> |               |                     |                 |                 |               |

## CAUSES OF DEATH

Primary

Tuberculosis

27

How long

1 yr

Immediate

Exhaustion

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

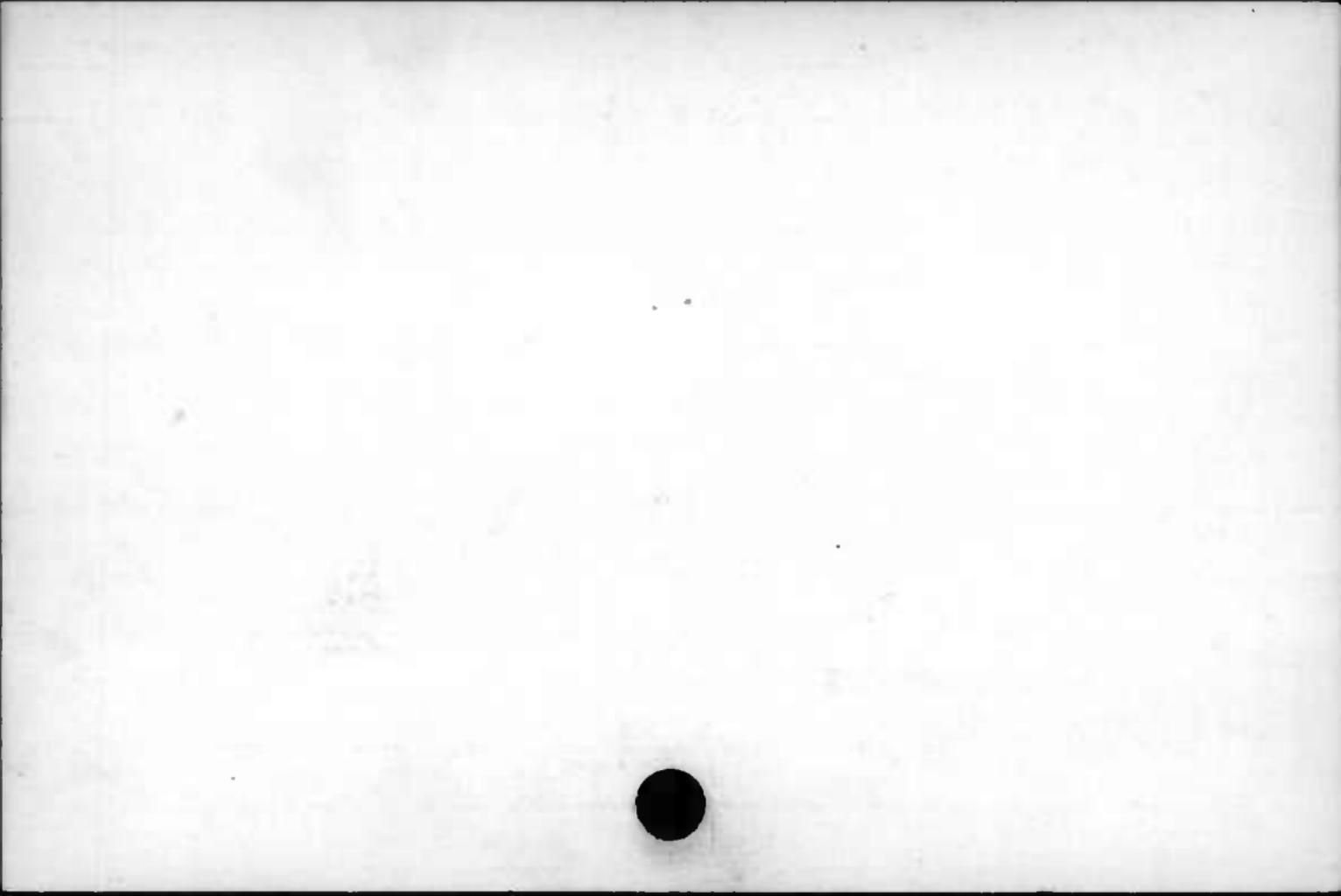
Signature of Physician

W. B. Orings

Address

Ellicott City

Accident or Suicide?



Name  
in  
Full

Mary Florence Marks

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|  |   |                            |                                       |                             |                 |                |  |
|--|---|----------------------------|---------------------------------------|-----------------------------|-----------------|----------------|--|
| Died at <u>Harwood</u>   |   | Town <u>Howard</u>         |                                       | County <u>Howard</u>        |                 | MARYLAND       |  |
| Date of death <u>1906</u>                                      | Month <u>April</u>                                      | Day <u>21<sup>st</sup></u> | Years <u>21</u>                       | Age <u>21</u>               | Months <u>4</u> | Days <u>21</u> |  |
| Sex <u>Female</u>  | Color or Race <u>White</u>                              |                            |                                       | Birth-place <u>Maryland</u> |                 |                |  |
| Occupation <u>Housewife</u>                                    | Where Residing if not at place of death <u>Harwood</u>  |                            |                                       |                             |                 |                |  |
| Married, <u>Single</u> or <u>Widowed</u>                       | Name of <del>Widow</del> Husband <u>Walter W. Marks</u> |                            |                                       |                             |                 |                |  |
| Father's Name <u>J. F. Litchfield</u>                          |   |                            | Father's Birthplace <u>Md.</u>        |                             |                 |                |  |
| Mother's Maiden Name <u>Georgeanna Kanely</u>                  |   |                            | Mother's Birthplace <u>Md.</u>        |                             |                 |                |  |
| Name of person giving information <u>Mrs. J. F. Litchfield</u> |   |                            | How related to deceased <u>Mother</u> |                             |                 |                |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Mitral Stenosis 79 How long about 12 years.  
Immediate Cardiac Dilatation or How long 10 mos.

Are the name, age, sex, color, date and place correctly given above?

Yes

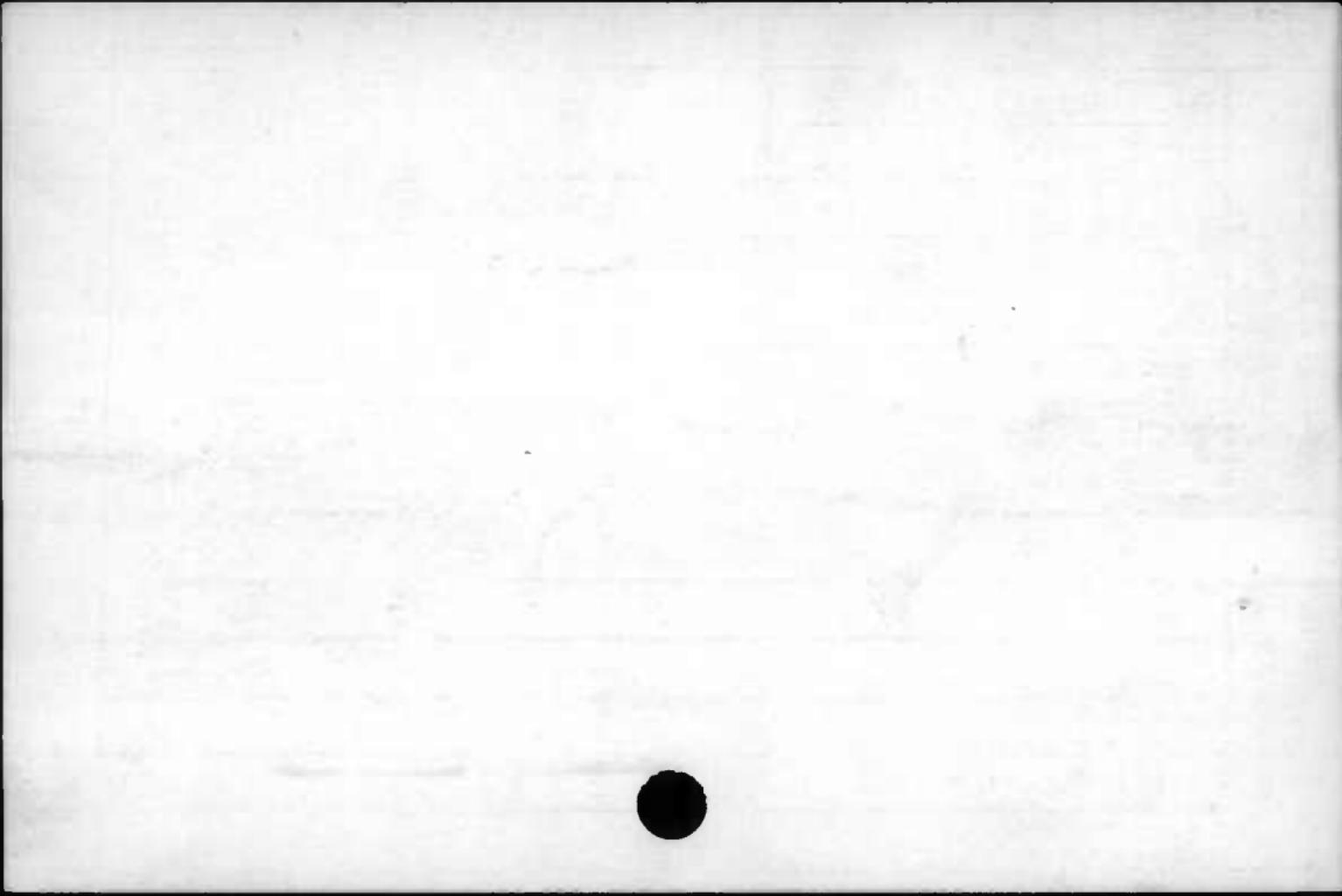
Signature of Physician

M. R. Eareckson

Address

Eck Ridge

Accident or Suicide



Name  
in  
Full

No Name Neisgron

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |     |                     |            |          |  |
|-----------------------------------|---|-----|---------------------|------------|----------|--|
| Died at                           | Town                                    |     | County              |            | MARYLAND |  |
| Date of death                     | Month                                   | Day | Years               | Months     | Days     |  |
| Sex                               | Color or Race                           | Age | Birth-place         |            |          |  |
| Occupation                        | Where Residing if not at place of death |     |                     |            |          |  |
| Married, Single or Widowed        | Name of Wife or Husband                 |     |                     |            |          |  |
| Father's Name                     | Albert N. Neisgron                      |     | Father's Birthplace | Glenglen   |          |  |
| Mother's Maiden Name              | Emily Cheney                            |     | Mother's Birthplace | Archipolis |          |  |
| Name of person giving Information | Albert N. Neisgron                      |     |                     |            |          |  |
| How related to deceased Father    |   |     |                     |            |          |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|           |           |          |
|-----------|-----------|----------|
| Primary   | dead born | How long |
| Immediate | —         | How long |

Are the name, age, sex, color, date and place correctly given above?

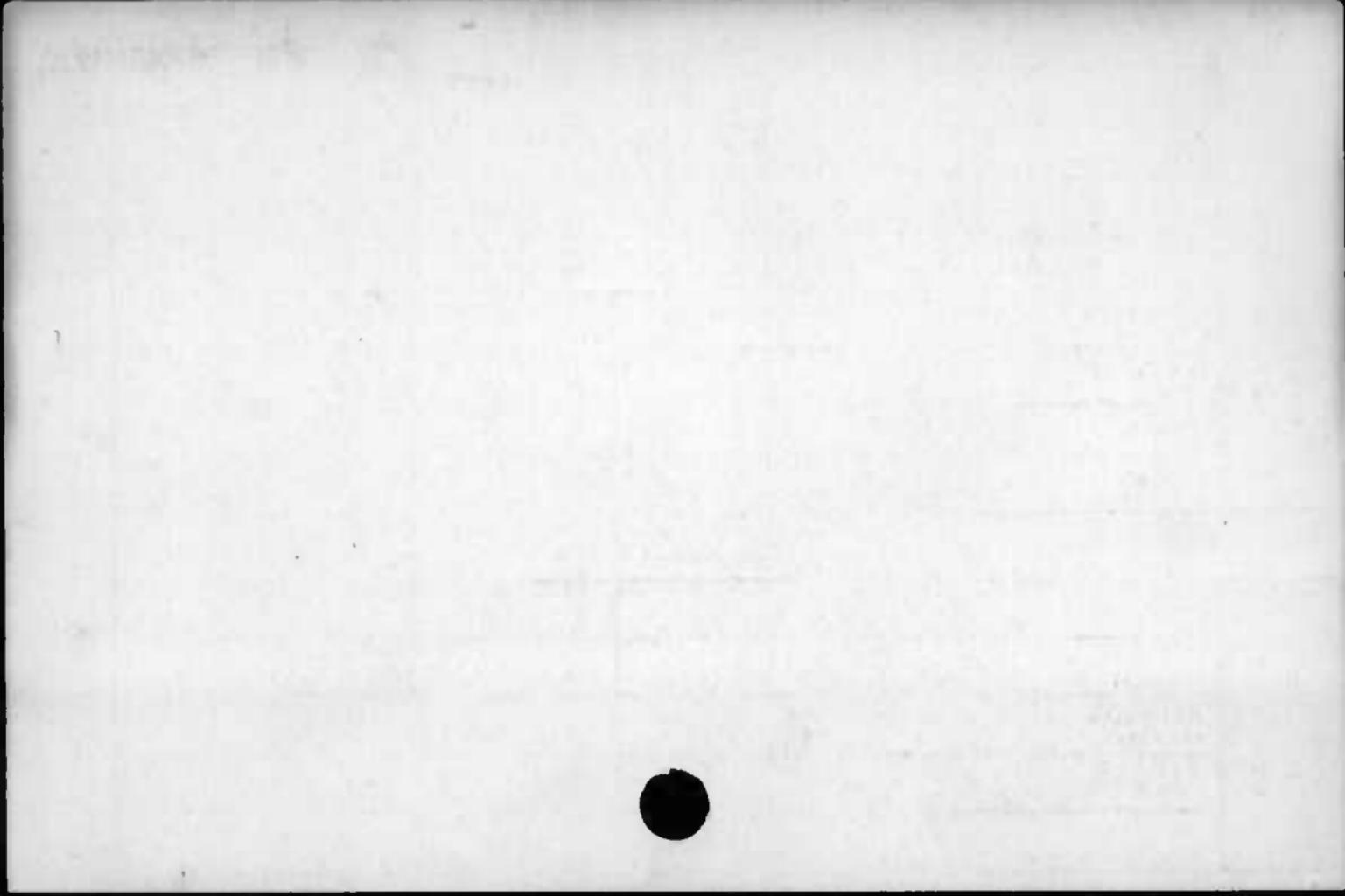
Yes

Signature of Physician

Address

Dr J. W. Hebb Jr.  
West Friendship  
Howard Co. Md.

Accident or Suicide?



Name  
in  
Full

Virgil Thomas Mercer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                |          |        |      |
|-----------------------------------|---|----------------|----------|--------|------|
| Died at                           | Town                                    | County         | MARYLAND |        |      |
| Date of death                     | Month                                   | Day            | Years    | Months | Days |
| Sex                               | Color or Race                           | Age            | 84       |        |      |
| Occupation                        | Where Residing if not at place of death |                |          |        |      |
| Married, Single or Widowed        | Name of Wife or Husband                 | Mary MacKenzie |          |        |      |
| Father's Name                     |   |                |          |        |      |
| Mother's Maiden Name              |   |                |          |        |      |
| Name of person giving Information | Nettie Cullen                           |                |          |        |      |
| CAUSES OF DEATH                   |   |                |          |        |      |
| Primary                           | Senile degeneration (154) How long      |                |          |        |      |
| Immediate                         | Githuria How long                       |                |          |        |      |

PHYSICIAN  
OR CORONER

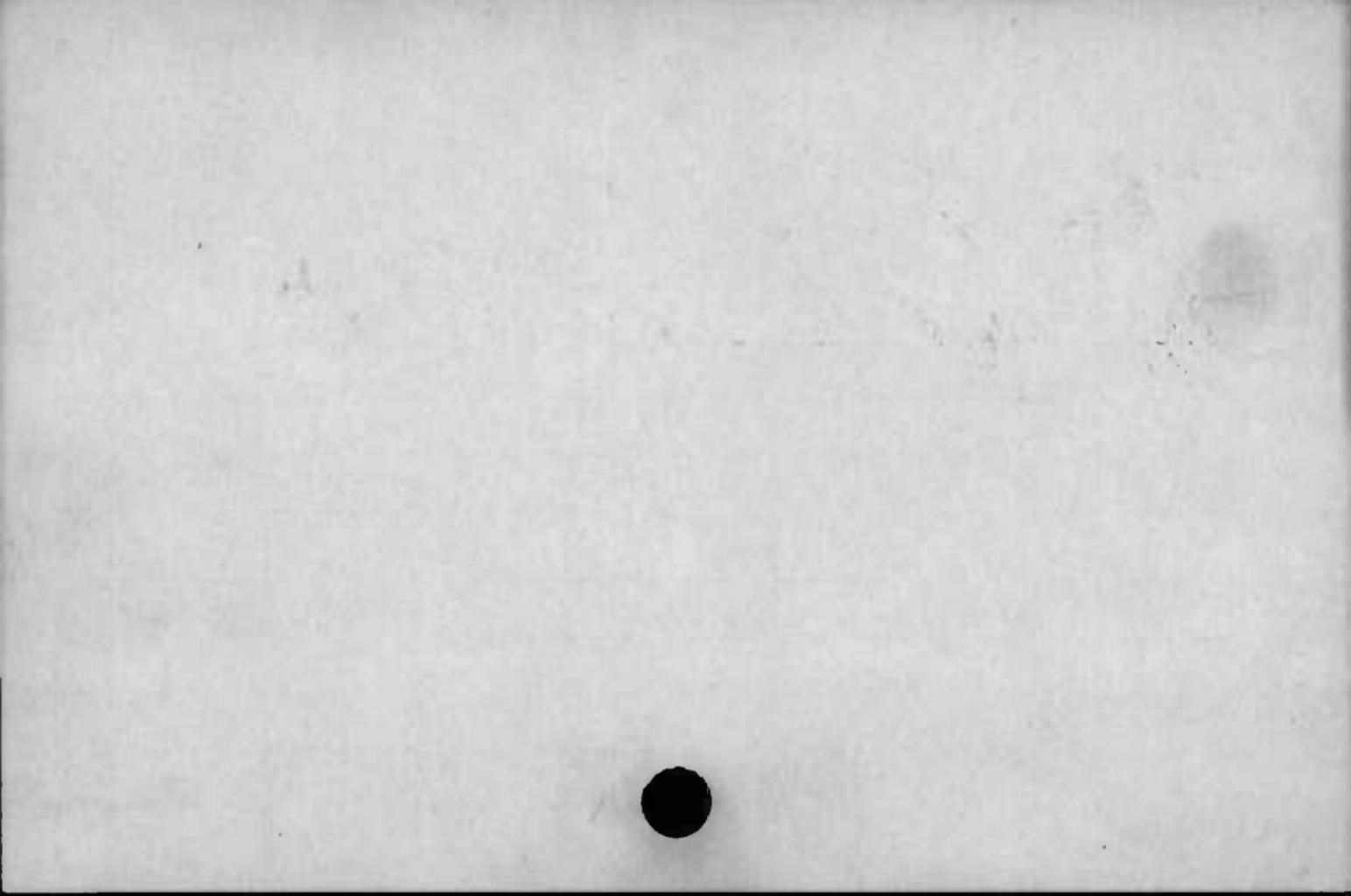
Yes.

Signature of Physician

Address

Mother Bdogus and  
Elment Clegg

Accident or Suicide?



Virginia

Town

Page

County

Elk Ridge

Howard

MARYLAND

Died at

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

April 25<sup>th</sup>

Age

4 — —

Md

Male

White

Widow

Divorced

Female

Colored

Married

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Wm Henry Page

Mother's

Maiden Name

Mary Emma Page

Cause of

Primary

93

How long sick

Death

Immediate

Pneumonia

3 Days

Reported by

H. Carrie, M.D.

Accident, Suicide, Homicide

Address

Elk Ridge Md



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



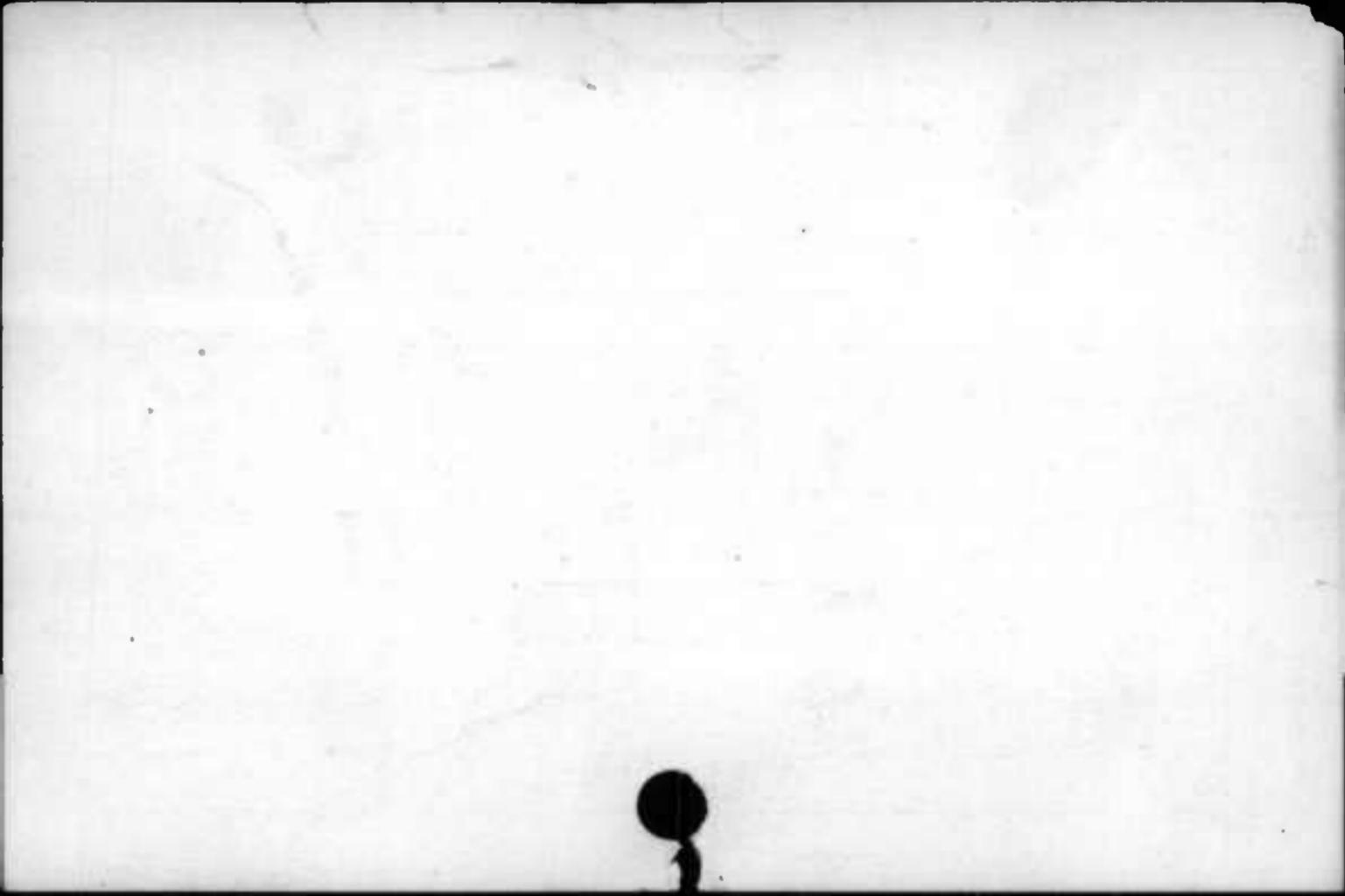
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |  |                            |                            |                 |          |  |
|--------------------------------------|--|----------------------------|----------------------------|-----------------|----------|--|
| Died at                              |  | Town<br><i>Savage</i>      | County<br><i>Howard</i>    |                 | MARYLAND |  |
| Date<br>of death                     | Month                                      | Day                        | Years                      | Months          | Days     |  |
| 1906                                 | 4  | 13                         | 65                         | 6               | 7        |  |
| Sex                                  | Male                                       | Color or<br>Race           | White                      | Birth-<br>place |          |  |
| Occupation                           | Where Residing if not<br>at place of death |                            |                            |                 |          |  |
| Married, Single<br>or Widowed        | <i>Married</i>                             | Name of Wife or<br>Husband | <i>Laura Mucci</i>         |                 |          |  |
| Father's<br>Name                     | <i>John Riley</i>                          |                            | Father's<br>Birthplace     | <i>Med</i>      |          |  |
| Mother's<br>Maiden Name              | <i>Elask</i>                               |                            | Mother's<br>Birthplace     | <i>M.A.</i>     |          |  |
| Name of person giving<br>Information | <i>Laura Riley 93</i>                      |                            | How related<br>to deceased | <i>wife</i>     |          |  |

CAUSES OF DEATH

|   |                        |                           |                        |                |
|---|------------------------|---------------------------|------------------------|----------------|
| Primary   | <i>Lobar Pneumonia</i> |                           | How long               | <i>14 days</i> |
| Immediate   | <i>Meningitis</i>      |                           | How long               | <i>4 days</i>  |
| Are the name, age, sex, color, date<br>and place correctly given above? |                        | Signature of<br>Physician | <i>Enthistium M.D.</i> |                |
|   |                        | Address                   | <i>Savage</i>          |                |
| Accident or Suicide?  |                        |                           | <i>M.A.</i>            |                |



Name  
in  
Full

Michael F Reynolds

4/13/14

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|   |   |                                 |                     |          |      |
|---|---|---------------------------------|---------------------|----------|------|
| Died at <u>Hanover</u> Town                     |   | <u>Howard</u> County            |                     | MARYLAND |      |
| Date of death <u>1906</u>                       | Month <u>April</u>  | Day <u>6</u>                    | Age <u>26 years</u> | Months   | Days |
| Sex <u>Male</u>                                 | Color or Race <u>white</u>                                | Birth-place <u>Howard Co md</u> |                     |          |      |
| Occupation <u>R.R. Employee</u>                 | Where Residing if not at place of death <u>Hanover md</u> |                                 |                     |          |      |
| Married, Single or Widowed                      | Name of Wife or Husband                                   |                                 |                     |          |      |
| Father's Name <u>Michael Reynolds</u>           | Father's Birthplace <u>3d</u>                             |                                 |                     |          |      |
| Mother's Maiden Name <u>Catharine Gray</u>      | Mother's Birthplace <u>md</u>                             |                                 |                     |          |      |
| Name of person giving information <u>Father</u> | How related to deceased <u>Son</u>                        |                                 |                     |          |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |               |                              |
|--|---------------|------------------------------|
| Primary <u>Pneumonia</u>   | Syphoid fever | How long <u>3 Weeks</u>      |
| Immediate <u>Convulsions</u>   |               | How long                     |
| Are the name, age, sex, color, date and place correctly given above? |               | Signature of Physician       |
| <u>Funeral director</u>  |               | <u>Conway Gill</u>           |
| Accident or Suicide? <u>No</u>                                       |               | Address <u>Elkridge road</u> |



Name  
in  
Full

Michael F Reynolds

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Hanover

Howard Co

Days

Date of death 1906 April 6th Year 26 Months

Sex White male Color or Race White Birthplace Howard Co

Occupation A R man Where Residing if not at place of death Hanover Mills

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Michael

Father's Birthplace Md

Mother's Maiden Name Catherine Gray

Mother's Birthplace Md

Name of person giving information Father & son

How related to deceased Father

To BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia Typhoid fever and convulsions

How long

3 Weeks

Immediate

some

How long

some

Are the name, age, sex, color, date and place correctly given above?

Yes

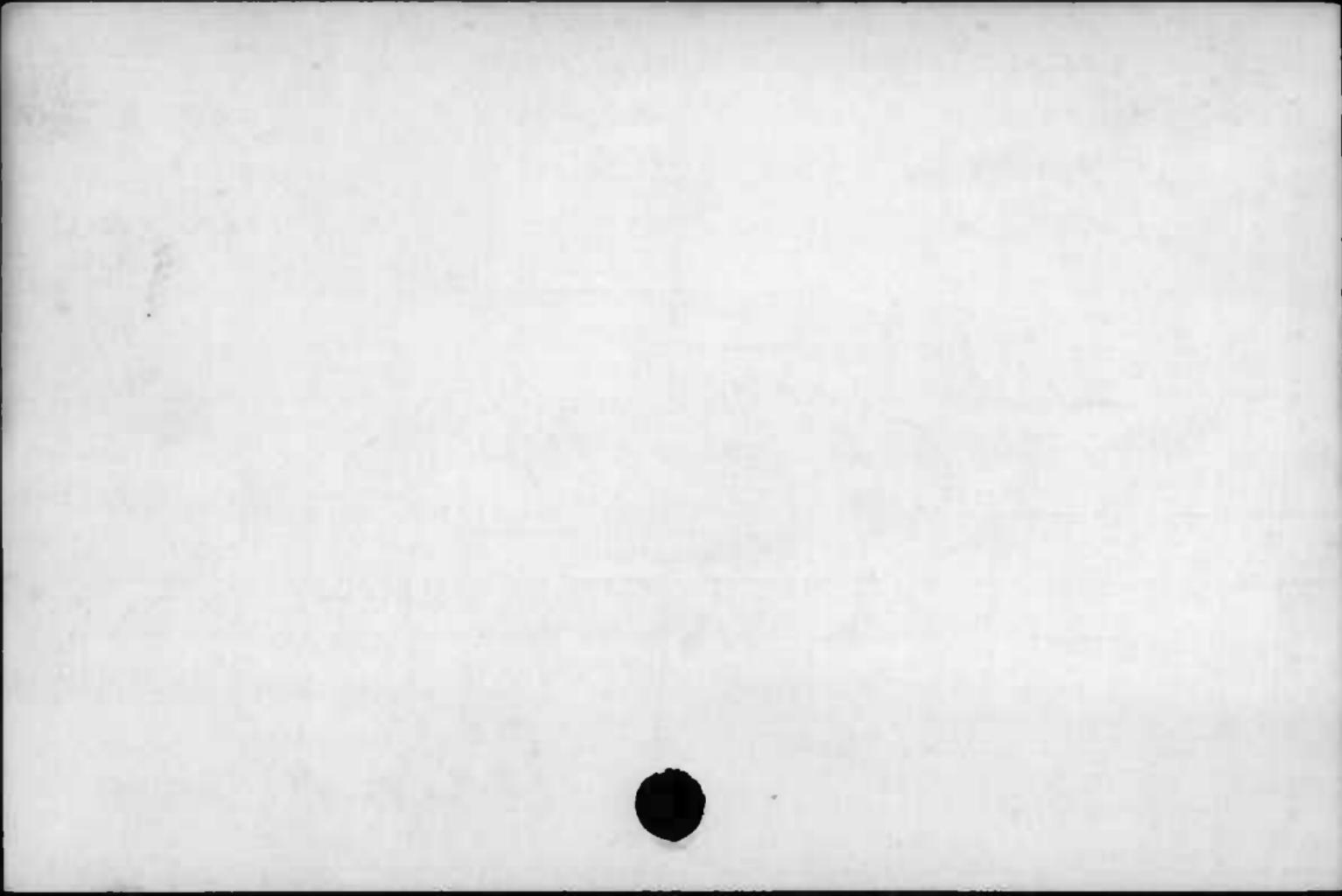
Signature of Physician

Address

Arthur Williams  
Elk Ridge Ind

Accident or Suicide?

No



Name  
in  
Full

Hice Ridgely

CERTIFICATE OF DEATH

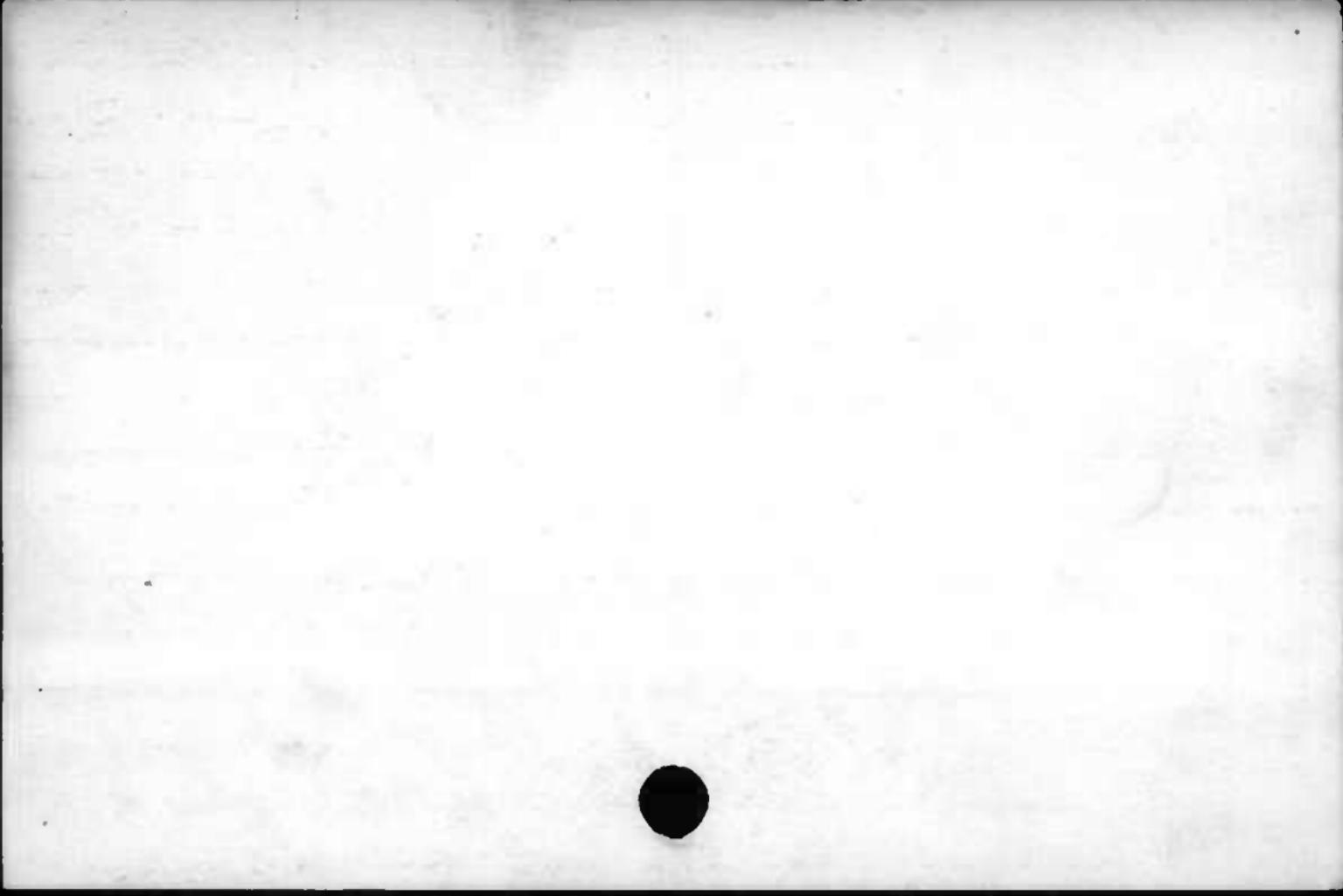
To BE ANSWERED BY  
NEAREST FRIEND

|   |  |                               |                |                 |               |
|---|--|-------------------------------|----------------|-----------------|---------------|
| Died at <u>Fulton</u> Town                                      |  | County <u>Howard</u>          |                | MARYLAND        |               |
| Date of death <u>1906</u>                                       | Month <u>April</u>                               | Day <u>10</u>                 | Years <u> </u> | Months <u>8</u> | Days <u> </u> |
| Sex <u>Female</u>   | Color or Race <u>white</u>                       | Birth-place <u>Howard Co.</u> |                |                 |               |
| Occupation <u> </u>   | Where Residing if not at place of death <u> </u> |                               |                |                 |               |
| Married, Single or Widowed <u>singer</u>                        | Name of Wife or Husband <u> </u>                 |                               |                |                 |               |
| Father's Name <u>Nicholas Ridgely</u>                           | Father's Birthplace <u>Md.</u>                   |                               |                |                 |               |
| Mother's Maiden Name <u>Ida Bell Johnson</u>                    | Mother's Birthplace <u>Md.</u>                   |                               |                |                 |               |
| Name of person giving information <u>George P. Johnson (92)</u> | How related to deceased <u>uncle</u>             |                               |                |                 |               |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <u>Bronchial Pneumonia</u>   | How long <u>2 weeks</u>                    |
| Immediate <u>Complaints</u>  | How long <u> </u>                          |
| Are the name, age, sex, color, date and place correctly given above?<br><u>yes</u> | Signature of Physician <u>W.L. Cessell</u> |
|  | Address <u>Highland Md</u>                 |
| Accident or Suicide?   |  |



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Gertrude Hilton Rowles

## CERTIFICATE OF DEATH

|  |  |   |                 |                        |               |
|--|--|---|-----------------|------------------------|---------------|
| Died at <u>Worsey</u>                                    |  | Town <u>Howard</u>                      |                 | County <u>MARYLAND</u> |               |
| Date of death <u>Apr 6 1906</u>                          | Month <u>April</u>                                   | Day <u>15</u>                           | Years <u>17</u> | Months <u>9</u>        | Days <u>6</u> |
| Sex <u>Female</u>  | Color or Race <u>white</u>                           | Birth-place <u>Worsey</u>               |                 |                        |               |
| Occupation   |  | Where Residing if not at place of death |                 |                        |               |
| Married, Single or Widowed <u>single</u>                 | Name of Wife or Husband <u>Frank LK Rowles (179)</u> |   |                 |                        |               |
| Father's Name <u>Frank LK Rowles</u>                     | Father's Birthplace <u>Baltimore Md</u>              |   |                 |                        |               |
| Mother's Maiden Name <u>Ida Herbuer</u>                  | Mother's Birthplace <u>Baltimore Md</u>              |   |                 |                        |               |
| Name of person giving Information <u>Frank LK Rowles</u> | How related to deceased <u>Father</u>                |   |                 |                        |               |

## CAUSES OF DEATH

|  |   |
|--|---|
| Primary <u>divorced &amp; single</u>   | How long <u>now 2 yrs</u>                       |
| Immediate <u>Heart failure</u>   | How long <u>now long</u>                        |
| Are the name, age, sex, color, date and place correctly given above?<br><u>Yes</u> | Signature of Physician<br><u>Arthur Wilkins</u> |
|  | Address<br><u>Elk Ridge</u>                     |
| Accident or Suicide?<br><u>no</u>  | over  |

not. reg. at L.

Name  
in  
Full

William H. Shaffer

CERTIFICATE OF DEATH

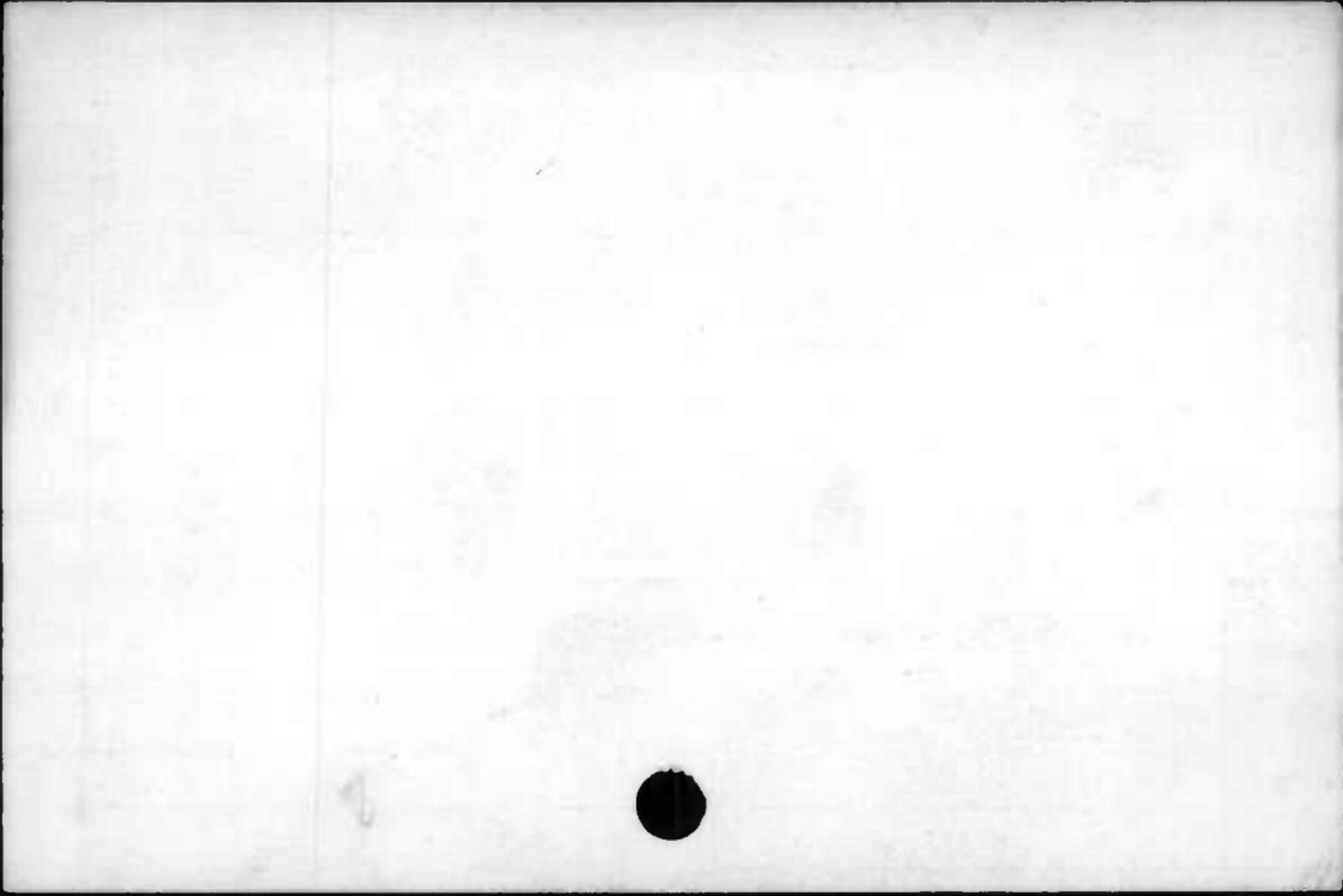
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|                                   |                  |                         |   |               |      |
|-----------------------------------|------------------|-------------------------|---|---------------|------|
| Died at                           | Town             | County                  |   | MARYLAND      |      |
| Date of death                     | Month            | Day                     | Years                                   | Months        | Days |
| Sex                               | male             | Color or Race           | white                                   | Birth-place   | Md.  |
| Occupation                        | Boss Waver       |                         | Where Residing if not at place of death | at home       |      |
| Married, Single or Widowed        | married          | Name of Wife or Husband | Georgiana                               | Rydewood      |      |
| Father's Name                     | Andrew Shaffer   |                         | Germany                                 |               |      |
| Mother's Maiden Name              | Lydia A. Robust  |                         | Pa                                      |               |      |
| Name of person giving information | Mr. John Shaffer |                         | 26                                      | Sister, Milan |      |

CAUSES OF DEATH

|  |                                   |                        |                    |             |
|--|-----------------------------------|------------------------|--------------------|-------------|
| Primary  | Sanguine & Pulmonary Tuberculosis |                        | How long           | 6 mos       |
| Immediate  | Exhaustion                        |                        | How long           | Progressive |
| Are the name, age, sex, color, date and place correctly given above? | yes                               | Signature of Physician | Dr. Linthicum M.D. |             |
|  |                                   | Address                | Savage Md.         |             |
| Accident or Suicide?   | Nothing                           |                        |                    |             |



Theodor Snell

Town

County

Died at

Pfeiffer's Learner

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Male

White

Age  
Married

X

9

Md.

Occupation

X

People

Colored

Single

Widow

Widower

Divorced

Number of children living

Husband

of

X X X X X X X X X X X X X X X

Wife

Father's

Name

Edward Snell

Mother's  
Name

Busir Jackson

Cause of

Primary

Truswiss Neonatorum

How long sick

Death

Immediate

Exhausted

9 days

Accident, Suicide, Homicide

Reported by

Sam'l. J. Fort M. D.

Address

Ellicott City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Bertha M. Wallenhorst

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                        |             |             |
|-----------------------------------|---|------------------------|-------------|-------------|
| Died at                           | Town                                    | County                 | MARYLAND    |             |
| Date of death                     | Month                                   | Day                    | Years       | Months Days |
| Sex                               | Color or Race                           | white                  | Birth-place | Germany     |
| Occupation                        | Where Residing if not at place of death |                        |             |             |
| Married, Single or Widowed        | Name of Husband                         | Bernard H. Wallenhorst |             |             |
| Father's Name                     | Wilhelma Lirzeman                       |                        |             |             |
| Mother's Maiden Name              | Catherine Lamke (D3)                    |                        |             |             |
| Name of person giving Information | Bernard H. Wallenhorst                  |                        |             |             |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                           |                        |                       |
|--|---------------------------|------------------------|-----------------------|
| Primary  | Round Ulcer of Stomach    | How long               | 6-week                |
| Immediate  | Hemorrhage Exsanguination | How long               | 6 weeks               |
| Are the name, age, sex, color, date and place correctly given above? |                           | Signature of Physician | Dr. H. B. Drings M.D. |
|  |                           | Address                | Elliott City          |

Account of Suicide?

